

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <b>09/980064</b>	FILING DATE		
CLAIMS											
	AS FILED.		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54	(1)			
5							55	(1)			
6							56	(1)			
7							57	(1)			
8							58	(1)			
9							59	(1)			
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
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33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42			(1)				92				
43			(1)				93				
44			(1)				94				
45			(1)				95				
46			(1)				96				
47			(1)				97				
48			(1)				98				
49			(1)				99				
50			(1)				100				
TOTAL IND.							TOTAL IND.	1			
TOTAL DEP.							TOTAL DEP.	31			
TOTAL CLAIMS							TOTAL CLAIMS	32			